

**STATE OF NORTH CAROLINA
JUDICIAL BRANCH OF GOVERNMENT
ADMINISTRATIVE OFFICE OF THE COURTS**

**REQUEST FOR APPROVAL FOR
DESTRUCTION OF RECORDS**

G.S. 121-5, 132-3

I certify, to the best of my knowledge, that the records listed below can be destroyed in accordance with the retention period established by the Records Retention and Disposition Schedule issued by the Division of Archives and Records of the Department of Natural and Cultural Resources, and endorsed by the North Carolina Administrative Office of the Courts, pursuant to G.S. 7A-109, 7A-343, 121-5, and 132-3 of the North Carolina General Statutes.

I further certify that the records listed below are now in the possession of the Clerk of Superior Court. If required by rule or law, these records have been scanned or microfilmed and if necessary, the file could be reconstructed. Additionally, any outstanding scanning corrections requested by the NCAOC Micrographics Department have been completed.

<i>Name Of County</i>	<i>GSC Point Of Contact</i>	<i>Contact Phone/Extension</i>
<i>Request Authorization To Destroy The Records Listed Below By</i> <input type="checkbox"/> Burning <input type="checkbox"/> Shredding		<i>Month And Year Of Last Audit Completed By State Auditor's Office (if required)</i>
<i>Date Of Request</i>	<i>Name Of Clerk Of Superior Court</i>	<i>Signature Of Clerk Of Superior Court</i>

NOTE: All sections of the table below (except for the sections in the column on the far right) must be completed. See instructions on reverse side. Fax request to (919) 890-1938 to the attention of the NCAOC Records Officer.

Record Title/Description <i>(limit requests to one case type or division per form)</i>	Inclusive Dates Or File Number Range	Quantity	Retention Page No.	Retention Item No.	Approval <i>(to be completed by NCAOC Records Officer)</i>
					Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
					Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
					Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No

FOR NCAOC USE ONLY

Comments (to be completed by NCAOC Records Officer)

<i>Name Of NCAOC Records Officer</i>	<i>Date</i>	<i>Signature Of NCAOC Records Officer</i>
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RECORDS RECEIVED BY NCAOC - FOR WAREHOUSE USE ONLY

<i>Received By (print name)</i>	<i>Date Received</i>	<i>Signature Of Receiver</i>
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INSTRUCTIONS

- Record Title/Description:** List by case type or division (e.g., Small Claims, District Criminal). If bookkeeping records, include form number (e.g., AOC-27). Limit requests to one case type or division per form.
- Inclusive Dates:** List beginning date, through and including ending date (e.g., 1/1/07-6/30/11).
- File Number Range:** List beginning file number, through and including end file number (e.g., 10 CVM 1 - 10 CVM 3251).
- Quantity:** List the exact number of files or records, if known. If exact number not known, list the number of file drawers, file cabinets, books, boxes, etc., (e.g., 856 files; 3 binders; 100 pads, 500 cards; 1 file drawer (letter size); 2 file cabinets (legal size); 2 books; 3 boxes (20x20)).
- Retention Page Number:** Using the current Records Retention and Disposition Schedule, list the page number on which the record appears (e.g., Page 6.3).
- Retention Item Number:** Using the current Records Retention and Disposition Schedule, list the item number assigned to a specific record(s) (e.g., Item 17).
- Forward to NCAOC Records Officer:** When this form is completed as a paper document it should be signed by the elected clerk and transmitted to the NCAOC Records Officer. (Fax number for the NCAOC Records Officer is (919) 890-1938.)
- Records Received by NCAOC:** When an NCAOC employee receives the records listed on this form, he or she should sign the form, providing his or her name and the date the records were received. The Clerk of Superior Court retains the original signed form; the NCAOC employee who receives the records may request a copy of the signed form.